



Kansas Prescription Monitoring Program

Kansas Board of Pharmacy
800 SW Jackson, Room 1414
Topeka, KS 66612
Telephone: (785) 296-4056

Authorization for Release of KS Prescription Monitoring Program Controlled Substance Prescription History
All fields must be filled out to ensure prompt release of information and it must be signed in front of a Notary Public.
If the form is incomplete, it will be returned and no information will be released until it is properly completed. **Mail the original form along with a copy of photo ID for the requester and the patient to the address above.**

If you have any questions or need further information, please feel free to contact the Kansas Board of Pharmacy at (785) 296-4056 or pharmacy@pharmacy.ks.gov.

Patient Information

Full Name _____
Date of Birth _____
Street Address _____
City _____ State _____ Zip _____
Phone _____

Previous Address _____
(If less than 1 year at current address)
Date Range of Report _____
(Data goes back to 7/1/10)

Requester Information

Full Name _____
Agency _____
Street Address _____
City _____ State _____ Zip _____

Phone _____
Email _____
Relationship to Patient _____
Purpose of Use _____

Explanation of Rights/Authorization for Release

1. I am aware of what information will be release, the purpose and intended use, and who will receive the information. I understand that the information to be released is private, and that any subsequent use and release is controlled under the Kansas Prescription Monitoring Program Act.
2. I have been informed of my right to refuse to release this information.
3. I authorize the KS Prescription Monitoring Program (K-TRACS) to release data about me to the person(s) and/or entity named above. I understand that requests must be received by K-TRACS within 5 business days from the date of the patient's signature, and that a new signed form is required for each subsequent request.

Patient Signature _____

Requester Signature _____

NOTARY PUBLIC USE ONLY

Subscribed and sworn to before me in the County of _____, State of _____,
this _____ day of _____, 20_____.

NOTARY PUBLIC _____

My Commission expires _____

OFFICE USE ONLY

Received by _____

Received on _____

Sent on _____